Department of Veterans Affairs		REPORT OF CONTACT		
NOTE: As appropriate, once this form is completed in	t becomes a perman	ent record in the veteran's folder.	Please do not use a pencil to complete this form.	
VA OFFICE			IDENTIFICATION NOS. (C,XC, SS, XSS, V, K, etc.)	
LAST NAME-FIRST NAME-MIDDLE NAME OF VETERAN (Type or	print)		DATE OF CONTACT	
ADDRESS OF VETERAN			TELEPHONE NO. OF VETERAN (Include Area Code)	
PERSON CONTACTED			TYPE OF CONTACT (check one)  PERSONAL  TELEPHONE	
ADDRESS OF PERSON CONTACTED			TELEPHONE NO. OF PERSON CONTACTED (Include Area Code)	
PERSON WHO CONTACTED YOU			TYPE OF CONTACT (check one)  PERSONAL  TELEPHONE	
ADDRESS OF PERSON WHO CONTACTED YOU			TELEPHONE NO. OF PERSON WHO CONTACTED YOU (Include area code)	
BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVE	N			
DIVISION OR SECTION		EXECUTED BY (Signature and title)		